Return to: Illinois Department of Agriculture Bureau of Weights and Measures State Fairgrounds, P.O. Box 19281 Springfield, IL 62794-9281

AGR.WM.PIS@illinois.gov Email to:



## Bureau of Weights and Measures PLACED IN SERVICE REPORT

DISTRIBUTION:

W & M Office W & M Inspector Device Owner(s) Service Person/Company

RETAIL MOTOR FUEL DISPENSERS

	Complete all information				REASON FOR PLACED-IN-SERVICE? (MARK ALL THAT APPLY)			NOTE:  If service work is being done because of		
ADDRESS:				REJECTED	nai arrei)		A REJECTED TAG, PLEASE INCLUDE BUSINESS NUMBER FROM TAG OR STATE TEST REPORT			
				NEW or NEW						
COUNTY:				AT LOCATION Business No						
PHONE NUMBER: ALL INFORMATION IN THIS AREA IS REQUIRED!				CALIBRATION MAJOR OVERHAUL						
										Pump No.
Does the installation meet all specifications and tolerances of the Illinois Weig and Measures Act and NIST HB 44? Yes No  This form will allow the temporary commercial use of the device described herein, pending official inspections, when countersigned by the owner or user of the device.				All nding its	All seals have Service Person Number: Yes No					
SIGNED:					SERVICE PERSON NAME REGISTRATION NUMBER DATE					
NEULIF I.				SER	VICE COMPANY	REG	SISTRATION	I NUMBER	DATE	
				Ser	vice Company Phone Nu	umber:				